

# Registration Form

## CDC 2002 National Leadership Conference To Strengthen HIV/AIDS Education and Coordinated School Health Programs

Register on-line at <http://www.thesociety.org/conf/regform.jsp> \*

**Registration forms must be received at SSDHPER by December 21, 2001**

Please check one: ☐ Dr. ☐ Mr. ☐ Ms.

PLEASE PRINT OR TYPE

Name: \_\_\_\_\_ Degrees: \_\_\_\_\_

Title: \_\_\_\_\_

Affiliation: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

☐ I will be attending the Monday Awards Luncheon

☐ Special Needs: \_\_\_\_\_

SSDHPER and PSA will ensure that all ADA and special needs requirements are addressed.

### Registration Fees Payable to SSDHPER

Early Registration (on/before 12/21/01)	\$250.00	<input type="checkbox"/>
General Registration (after 12/21/01)	\$300.00	<input type="checkbox"/>
On-Site Registration (2/10-13/02)	\$350.00	<input type="checkbox"/>
Student Rate	\$125.00	<input type="checkbox"/>
Daily Rate	\$100.00	<input type="checkbox"/>
Fees Due SSDHPER	\$ _____	

(Total all amounts checked above)

### Photography Release

I give permission to the Centers for Disease Control and Prevention to use my picture in educational materials, brochures, presentations, articles, and other publications and on the Internet for educational and public health purposes, without compensation or time limitation.

CDC is authorized to use my first name where relevant for public health purposes. ☐ Yes ☐ No

### Cancellations and Substitutions

If you are unable to attend the Conference, you may send a substitute. Substitutions can be made at any time, including on-site at the Conference for no additional fees. Cancellations made in writing on or before January 3, 2002, will be subject to a 50% administrative fee. Absent registrants will be charged the full conference fee but substitutions may be made at any time.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Registration fees include conference materials, continental breakfasts Monday, Tuesday and Wednesday, morning, and afternoon refreshment breaks, the Monday Awards Luncheon, and the Welcome Reception.**

### Payment Type:

☐ Check # \_\_\_\_\_

☐ Credit Card: ☐ MasterCard ☐ VISA ☐ Diners Club  
☐ Carte Blanche

Card #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Signature (credit card payment) \_\_\_\_\_ Date \_\_\_\_\_

**Make your registration fee payable to SSDHPER.  
Mail it with this form  
before December 21, 2001 To:**

**Helen Leonard  
SSDHPER  
1900 Association Drive  
Reston, VA 20191-1599  
Telephone: (703) 476-3403**

\*Links to non-Federal organizations are provided solely as a service to our users. Links do not constitute an endorsement of any organization by CDC or the Federal Government, and none should be inferred. The CDC is not responsible for the content of the individual organization Web pages found at these or any other link provided in this conference announcement.

# Renaissance Washington DC Hotel

999 9th Street, NW • Washington • DC • 20001 • (202) 898-9000; fax (202) 962-4445

## Attention: Reservations

### **CDC 2002 National Leadership Conference to Strengthen HIV/AIDS Education and Coordinated School Health Programs February 10-13, 2002**

***IMPORTANT: Reservation cutoff for this conference is midnight, January 11, 2002.***

Reservations received after the cutoff will be subject to availability and a corporate rate of \$249 plus tax.

We encourage you to make your reservations at the earliest opportunity. A limited number of overnight guest rooms have been blocked for conference participants. Once this block of rooms has been filled, reservations will be subject to hotel availability. Your hotel reservation must be received by the Renaissance Washington DC Hotel no later than **January 11, 2002**, to secure the conference group room rate, subject to availability. The conference group room rate will be the Federal Government per diem rate in effect February 10-13, 2002, for Washington, DC, (currently \$119 per night) plus tax. All reservations must be guaranteed by credit card, check, or money order in the amount of one night's room rate and taxes. Make checks or money orders payable to the Renaissance Washington DC Hotel.

**Deposits will be refunded only if cancellation notification is received 72 hours prior to arrival.**

Please retain your cancellation number.

***Hotel check-in begins at 3:00 PM; check-out is to be completed by noon.***

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Affiliation: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

☐ Special Needs: \_\_\_\_\_

Arrival Date: \_\_\_\_\_ Departure Date: \_\_\_\_\_

**Room Type:** ☐ Single @ \$119 plus 14.5% tax

☐ Double @ \$119 plus 14.5% tax

☐ Smoking

☐ Non-Smoking

#### **Confirm my reservation with:**

☐ Check/Cashiers Check (enclosed) ☐ Credit Card (we accept only the following cards):

☐ MasterCard ☐ VISA ☐ American Express ☐ Diners Club ☐ Discover

Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Signature: \_\_\_\_\_

***The Renaissance Washington DC Hotel is an ADA certified facility.***

**Mail or Fax this form to the Renaissance Washington DC Hotel, 999 9th Street, NW  
Washington, DC 20001 • Fax : (202) 962-4445**

**Or make your reservation on-line at**

**<http://www.psava.com/internet/register/conferencesDASH/reservation.htm> \***

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# Exhibit Request Form

Submit your Exhibit Request on-line at <http://www.thesociety.org/conf/exhibitor.jsp> \*

**Exhibit Requests must be received at SSDHPER, 1900 Association Drive, Reston, VA 20191 with your exhibit fees by December 21, 2001**

**Exhibit Booths and Tabletop Exhibits (see page 7 for exhibit information)—Check the Exhibit Type You Want**

☐

Exhibit Booth - \$700.00

☐

Tabletop Exhibit - \$400.00

**Person Requesting Exhibit:**

Please check one: ☐ Dr. ☐ Mr. ☐ Ms.

PLEASE PRINT OR TYPE

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Affiliation: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**Name(s) of people who will be staffing the exhibit (exhibitors receive one free conference registration—place a check mark in the box next to the person who is to receive your free registration):**

1. \_\_\_\_\_ ☐
2. \_\_\_\_\_ ☐
3. \_\_\_\_\_ ☐
4. \_\_\_\_\_ ☐

The person selected to receive your free registration will be listed in the conference participant directory at the same address and phone as listed above unless otherwise noted.

Describe the information that will be displayed:

**Payment Type:**

☐ Check # \_\_\_\_\_

☐ Credit Card: ☐ MasterCard ☐ VISA  
☐ Diners Club ☐ Carte Blanche

Card #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

\_\_\_\_\_  
Signature (credit card payment)

\_\_\_\_\_  
Date

Provide a short descriptive paragraph to be printed in the Exhibitor Directory (no more than 50 words):

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# Director's Awards Nomination Form

Submit your Director's Awards Nominations on-line at  
<http://www.psava.org/internet/register/conferences/DASH/nomination.htm> \*

## NOMINEE:

\_\_\_\_\_  
(Name of Nominee)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Organization/State)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Telephone)

\_\_\_\_\_  
(Fax)

\_\_\_\_\_  
(E-mail)

## NOMINATED BY:

\_\_\_\_\_  
(Name of person completing form)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Organization/State)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Telephone)

\_\_\_\_\_  
(Fax)

\_\_\_\_\_  
(E-mail)

## TYPE OF AWARD

PLEASE PRINT OR TYPE

☐ Leadership Award (CSHE)

☐ Leadership Award (HIV Education)

☐ Award of Excellence

☐ Partnership Award

☐ Award of Excellence in YRBS Data Application

**Background and Rationale** — On a separate page, in 500 words or less, describe why this individual or group merits the award for which they are being nominated. Outline their contribution to the field and their demonstrated professional experience in school health/HIV education. Include one additional reference who can provide supportive information and background. Submit this page and the one-page background and rationale.

*This form must be received by PSA no later than 5:00 PM Friday, October 19, 2001.*

*Submit this form by mail or fax to:*

Attn: D'Lovely Gibson (DASH/NLC)  
Professional and Scientific Associates  
2957 Clairmont Road, Suite 480  
Atlanta, GA 30329  
Telephone: (404) 633-6869 ext. 217  
Fax: (404) 633-6477

On-line Form at: <http://www.psava.com/internet/register/conferences/DASH/nomination.htm> \*

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# Ancillary Meeting Request Form

Submit your ancillary meeting requests on-line at <http://www.psava.com/internet/register/conferences/DASH/ancillary.htm> \*

Form must be received at PSA no later than 5:00 PM on Friday, October 19, 2001

**CDC will provide meeting space only.**

The group holding an ancillary meeting is responsible for all final arrangements, including final room sets, audiovisual equipment orders, confirmation of the meeting requirements by review and approval of the hotel banquet event order (BEO), on-site coordination with the hotel, and payment of any costs associated with this meeting.

Meetings can be scheduled only during the times listed below. Space is very limited. Be sure to submit your request as soon as possible. In case space is not available for the date(s) and time(s) you have selected, please identify your second and third option choices by placing the number 2 or 3 to the left of the checkbox. We cannot guarantee that we will be able to accommodate every request. ***E-mail confirmation will be sent on or before December 19, 2001, and will include the assigned meeting room and your hotel contact person to finalize meeting requirements and make billing arrangements. All requested meetings are subject to approval by the Conference Steering Committee.***

**Requested Meeting Time(s)—check more than one only if you are planning to meet more than once.**

☐ 12:00–8:00 PM on Sunday—February 10

☐ 7:00–8:15 am on Monday—February 11

☐ 5:00–9:00 pm on Monday—February 11

☐ 12:00–1:30 pm on Tuesday—February 12

☐ 7:30–9:00 pm on Tuesday—February 12

☐ 12:00–1:30 pm on Wednesday—February 13

☐ Open to all interested in attending (include on Agenda)

☐ By invitation only (do not publish on the Agenda)

Group Name: \_\_\_\_\_

Purpose of Meeting: \_\_\_\_\_

Name of Contact: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Contact E-Mail: \_\_\_\_\_

Affiliation: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

**The following information is required to provide the appropriate meeting space for your group:**

# People Expected: \_\_\_\_\_

Breakout needed?: ☐ Yes ☐ No

# Breakouts needed: \_\_\_\_\_

# People per breakout: \_\_\_\_\_

**Room Set (check one):**

☐ Classroom ☐ Hollow Square

☐ Theater ☐ Rounds

☐ Boardroom ☐ U-Shape

***Complete and return this form with a copy of your preliminary agenda to:***

**D'Lovely Gibson  
Professional and Scientific Associates  
2957 Clairmont Road - Suite 480  
Atlanta, GA 30329  
Telephone: (404) 633-6869 ext. 217  
Fax: (404) 633-6477**

**On-Line at: <http://www.psava.com/internet/register/conferences/DASH/ancillary.htm> \***

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